



# New Mommies: What Do You Need to Know?



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# *OB Guidelines*



# **Course of Prenatal Care:**

**You will have approximately 14 doctor visits during your pregnancy. Typically, your appointments are every four weeks until 30 weeks, every two weeks until 36 weeks, then weekly until your delivery.**

**Initial lab work during pregnancy will be drawn at your visit and include: complete blood count, Hepatitis B, HIV, RPR (a required test for Syphilis,) Rubella, urine analysis, thyroid and blood sugar levels are optional depending on your physician's preference.**

**At your initial appointment, you will be given written information on cystic fibrosis screening and a specialized prenatal risk screening (called a first trimester screen,) that includes an ultrasound combined with blood work. In the second trimester there is a screening test for open neural tube defects (AFP,) done via a blood test. These tests are optional.**

## **16-22 Weeks: Prenatal Risk Screen (Quad Screen)**

**Assesses your risk for having a baby born with birth defects and combines blood values with your medical history to produce the result. Early diabetes screening - may be done if you have a history of gestational diabetes with a previous pregnancy or other risk factors.**

## **18-20 Weeks: Ultrasound**

**A detailed anatomical scan is done at this time. Hopefully you can find out the sex at this time if you choose and the baby cooperates.**

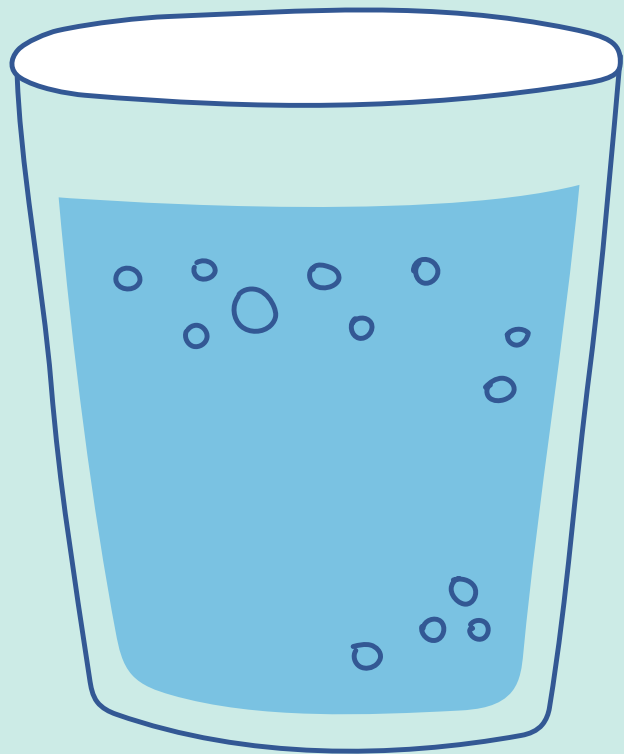
## **28 Weeks: Gestational Diabetes Screen Rhogam Injection**

**If you have an Rh negative blood type, pre-register for the hospital.**

## **36 Weeks: Group B Strep Culture**

# Nausea and Vomiting:

**Try to eat small amounts frequently throughout the day. If you are unable to eat during the early part of the pregnancy you will make up the difference in the second and third trimester.**



**Sip liquids constantly - the most important thing is to stay hydrated. If vomiting is continuous and you are unable to keep down liquids, call us.**

# Calling the Office/Phone Numbers:

**Call us for:**

**Vaginal Bleeding**

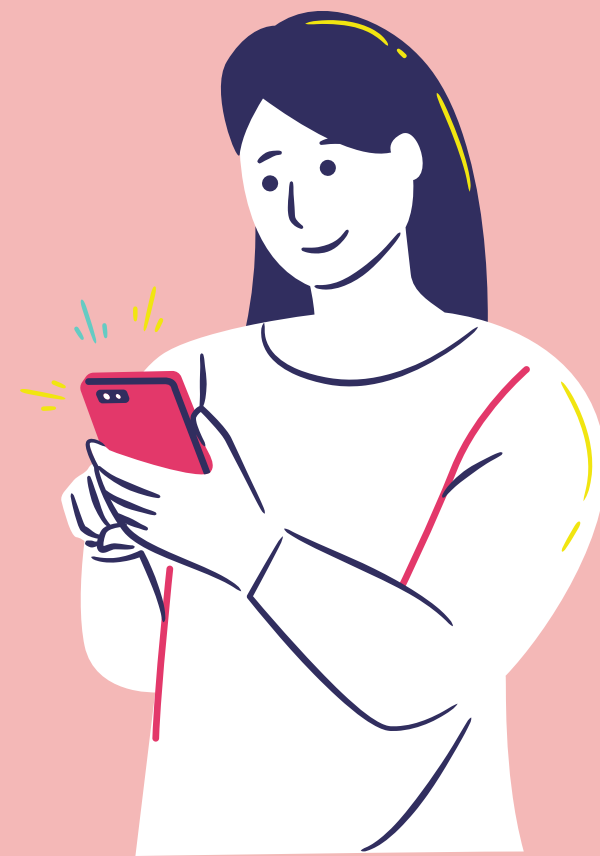
**Fluid leaking from vagina**

**Temperature over 101**

**Other problems or concerns**

**Office Phone: 423-771-9680**

**Nights & Weekends: 423-771-9680 option 3 to get provider on call**



# Nutritional Recommendations:

**8-10 glasses of water per day:** This is approximately 1 glass per hour while awake. This is important because pregnancy can cause an increased risk of urinary tract infections and kidney stones. Also, being dehydrated may increase your risk of having pre-term contractions.

**We encourage you to stay active during your pregnancy.** Walking and swimming are excellent forms of exercise.

**No more than 2 servings of caffeine per day (if desired.)**

**Prenatal vitamins:** We recommend that you begin taking a prenatal vitamin. Over the counter vitamins are fine to take (Costco brand, Fred Meyer brand, etc.) We do not recommend vitamins with herbs. If you wish to get a prescription for vitamins that can be done at your initial doctor's visit.





# Approved Over-The-Counter Medications:

**Tylenol (Extra Strength) use as directed on the bottle**

**Sudafed, Tylenol Sinus, Tylenol Cold, Benadryl, Tylenol PM, Robitussin CF, Claritin, Zyrtec, Throat lozenges**

**Tums, Mylanta, Maalox, Prevacid, Zantac, Pepcid**

**\*\*\*DO NOT TAKE ASPIRIN OR IBUPROFEN\*\*\***

**Please refer to the full sheet of approved medications we will give you as well.**



# Dental Work:

**Okay with local anesthesia ONLY - no nitrous gas**

**X-rays are okay with a lead shield**

**We do not recommend dental fillings in the first trimester of pregnancy due to an increased risk associated with cleft palate.**



# Important to Remember:

**NO ALCOHOL**

**NO SMOKING**

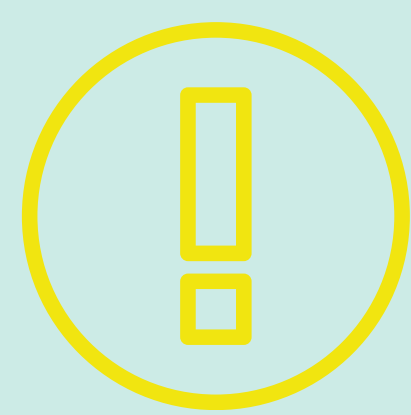
**No hot tubs or saunas**



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*Danger Signs*

*During Pregnancy*



# English Version:

**Chills and Fever**

**Flashes of light before the eyes**

**Dimness or blurring of vision**

**Persistent nausea and vomiting**

**Vaginal bleeding (birth canal)**

**Swelling of the face and/or fingers**

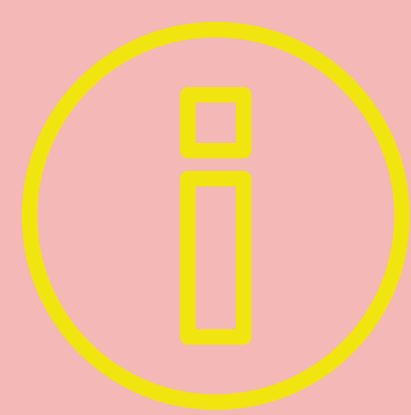
**Severe continuous headache**

**Pain in the abdomen**

**Sudden escape of vaginal fluid from the vagina**

**\*If ANY of these occur, call your doctor or go to the emergency room!!!\***





# **Versión En Español:**

**Fiebre y escalofríos**

**Luces en la vista**

**La vista nublada**

**Náusea y vómitos que persisten**

**Sangre vaginal**


**Hinchazón de la cara de los dedos de las manos**

**Dolor de cabeza que es severo y continuo**

**Dolor en el abdomen**

**Escape repentino de agua por la vagina**

**\*¡Si cualquiera de estas señales ocurren, llame a su doctor o vaya a la sala de emergencias del hospital!!!\***

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# 10-14 Weeks Pregnant: Care Instructions



**By weeks 10 to 14 of your pregnancy, the placenta has formed inside your uterus. It is possible to hear your baby's heartbeat with a special ultrasound device. Your baby's eyes can move, and their arms and legs can bend.**

**Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your provider if you are having problems. It's also a good idea to know any test results and keep a list of the medicines you take.**



**This is a good time to think about testing for birth defects. There are two types of tests: screening and diagnostic. Screening tests show the chance that a baby has a certain birth defect. They can't tell you for sure that your baby has a problem. Diagnostic tests show if a baby has a certain birth defect.**

**It is your choice whether you have these tests done. You (and your partner if applicable,) can talk to your doctor or midwife about birth defects tests.**





# Types of Tests:

**Triple or Quadruple Blood Tests:** These screening tests can be done between 15 and 20 weeks of pregnancy. They check the amounts of three or four substances in your blood. The doctor looks at these test results, along with your age and other factors, to find out the chance that your baby may have certain problems.

**Amniocentesis:** This diagnostic test is used to look for chromosomal problems in the baby's cells. It can be done between 15 and 20 weeks of pregnancy, usually around week 16.

**Nuchal Translucency Test:** This test uses ultrasound to measure the thickness of the area at the back of the baby's neck. An increase in the thickness can be an early sign of Down Syndrome.

**Chorionic Villus Sampling (CVS):** This is a test that looks for certain genetic problems with your baby. The same genes that are in your baby are in the placenta. A small piece of the placenta is taken out and tested. This test is done when you are 10-13 weeks pregnant.



# Caring for Yourself at Home:



**Slow down and take naps when you get tired.**

**If your emotions swing, talk to someone. Crying, anxiety, and concentration problems are common.**

**If your gums bleed, try a softer toothbrush. If your gums are puffy and bleed a lot, see your dentist.**

**If you feel dizzy: get up slowly after sitting or lying down, drink plenty of fluids, eat small snacks to keep your blood sugar stable, put your head between your legs as though you were tying your shoelaces, lie down with your legs higher than your head, use pillows to prop up your feet.**

**If you have a headache: lie down, ask your partner or a loved one for a neck massage, try cool cloths on your forehead or across the back of your neck, use acetaminophen (Tylenol) for pain relief, do NOT use drugs such as ibuprofen, (Advil, Motrin,) or naproxen (Aleve,) unless your doctor says it is okay.**

**If you have a nosebleed, pinch your nose gently and hold it for a short while. To prevent nosebleeds, try massaging a small dab of petroleum jelly in your nostrils.**

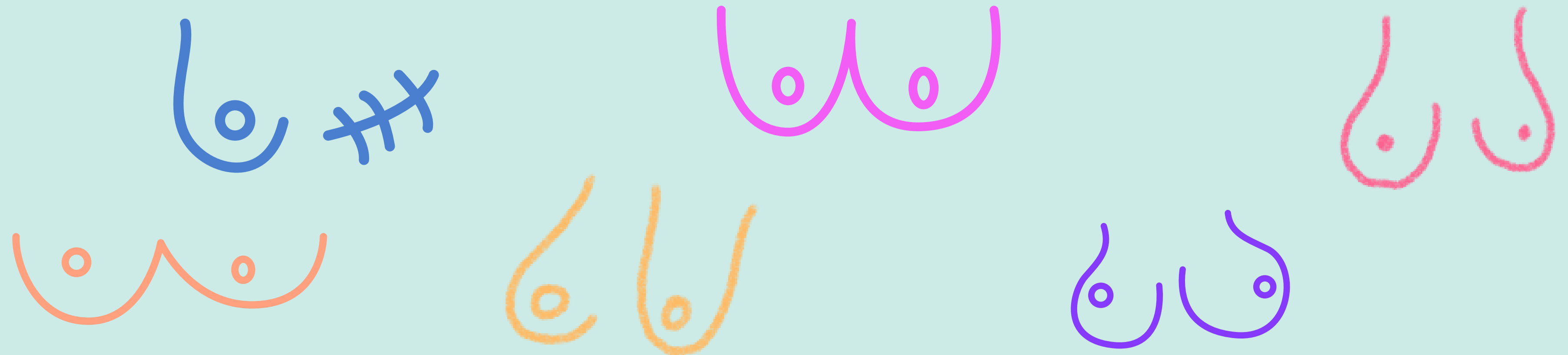
**If your nose is stuffed up, try saline (saltwater,) nose sprays. Do NOT use decongestant sprays.**

# Caring for Your Breasts:

**Wear a bra that gives you good support.**

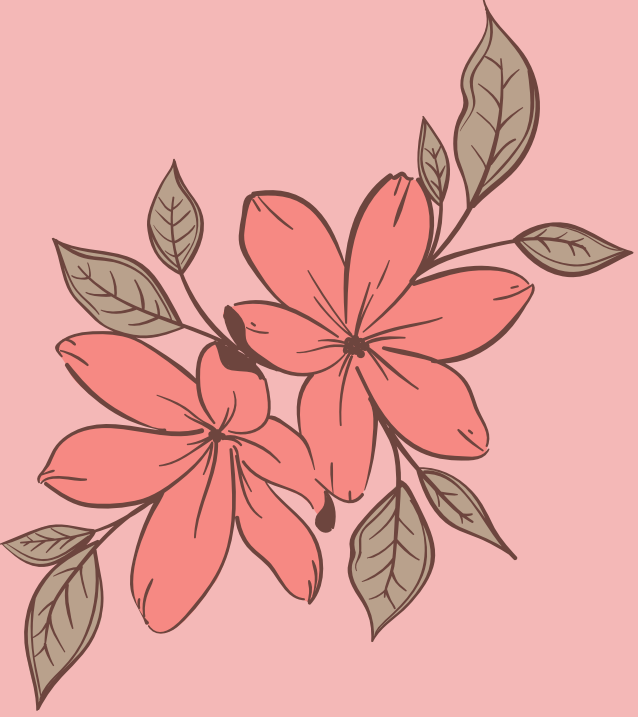
**Know that changes in your breasts are normal - they may get larger and more tender. Tenderness usually gets better by 12 weeks. Your nipples may get darker and larger, and small bumps around your nipples may show more. The veins in your chest and breasts may show more.**

**Don't worry about "toughening" your nipples - breastfeeding will naturally do this.**



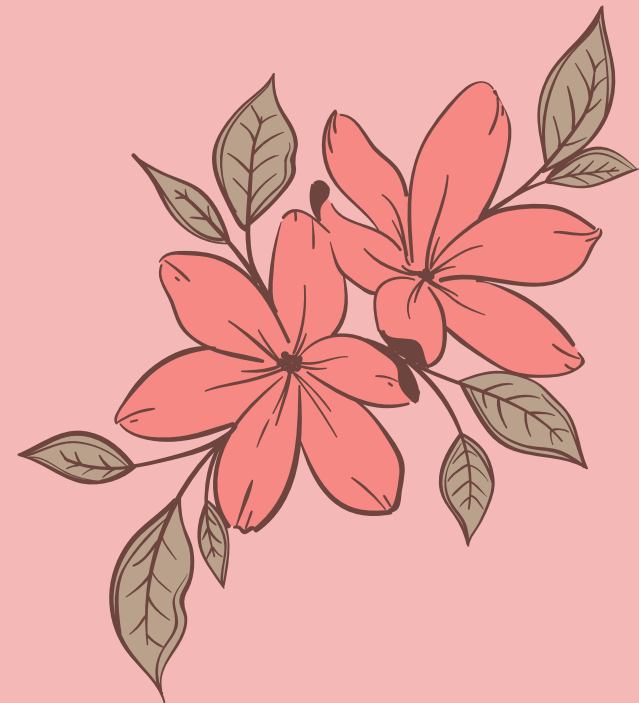
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*When to Call Your  
Doctor: Up to 20 Weeks*



**It is common to have concerns about what might be a problem during pregnancy. Although most pregnant women don't have any serious problems, it's important to know when to call your doctor when you have certain symptoms.**

**These are general suggestions - your doctor may give you more information about when to call.**



# **Call 911 Anytime You May Need Emergency Care**

**For example, call if you passed out/lost consciousness.**





# **Call Your Doctor or Seek Immediate Medical Care If...**

**You have a fever,**

**You have vaginal bleeding,**

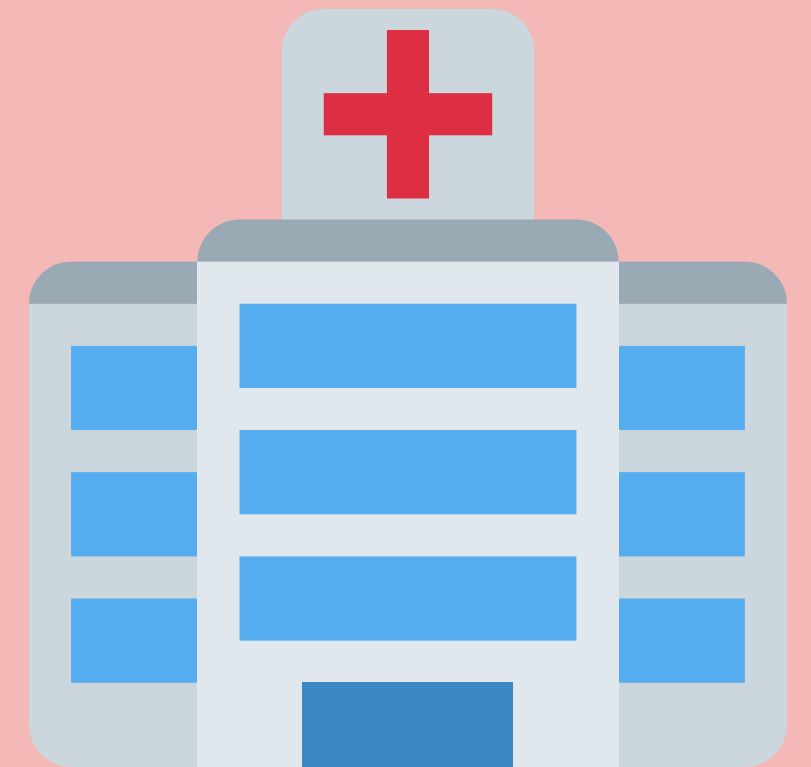
**You are dizzy or light-headed, or feel like you may faint,**

**You have symptoms of a urinary tract infection (these may include: pain or burning when you urinate, a frequent need to urinate without being able to pass much urine, pain in the flank which is just below the ribcage and above the waist on either side of your back, or blood in your urine.)**

**You have belly pain,**

**You think you are having contractions,**

**You have a sudden release of fluid from your vagina.**



# Watch Closely for Changes in Your Health

**Be sure to contact your doctor if:**

**You have vaginal discharge that smells bad;**

**You have other concerns about your pregnancy**

**Follow-up care is a key part of your treatment and safety.**

**Be sure to make and go to all appointments, and call your doctor/nurse call line if you are having problems.**



# Managing Morning Sickness:

**If you feel sick when you first wake up, try eating a small snack (such as crackers) before you get out of bed. Allow some time to digest the snack and then get out of bed slowly.**

**Do not skip meals or go for long periods without eating. An empty stomach can make nausea worse.**

**Eat small, frequent meals instead of three large meals a day.**

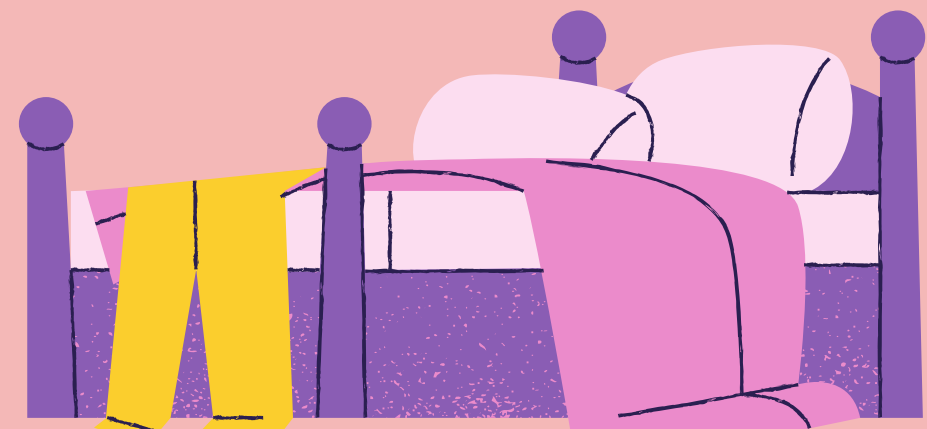
**Drink plenty of fluids. Sports drinks, such as Gatorade or Powerade, are good choices.**

**If you are taking iron supplements, ask your doctor if they are necessary. Iron can make nausea worse.**

**Avoid smells that make you feel sick.**

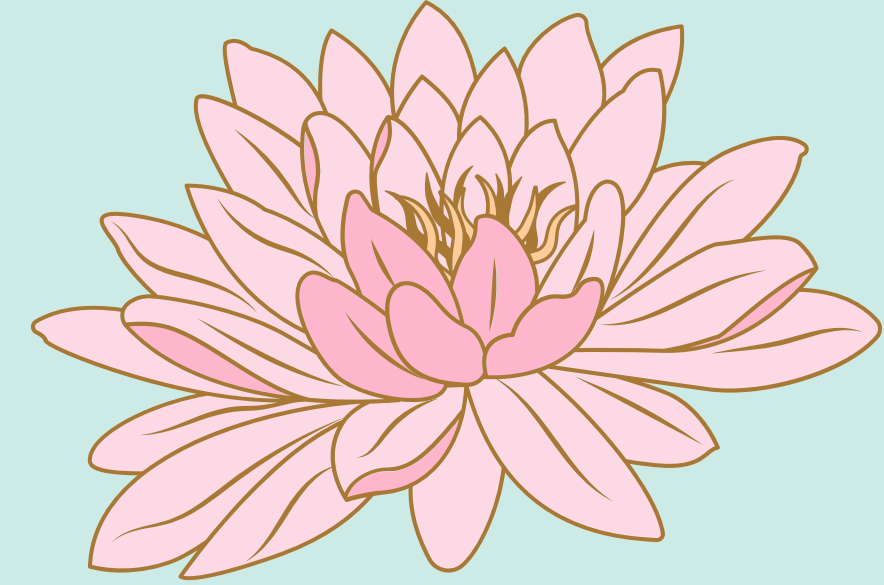
**Get lots of rest. Morning sickness may be worse when you are tired.**

**Call your doctor if symptoms become worse or unmanageable.**



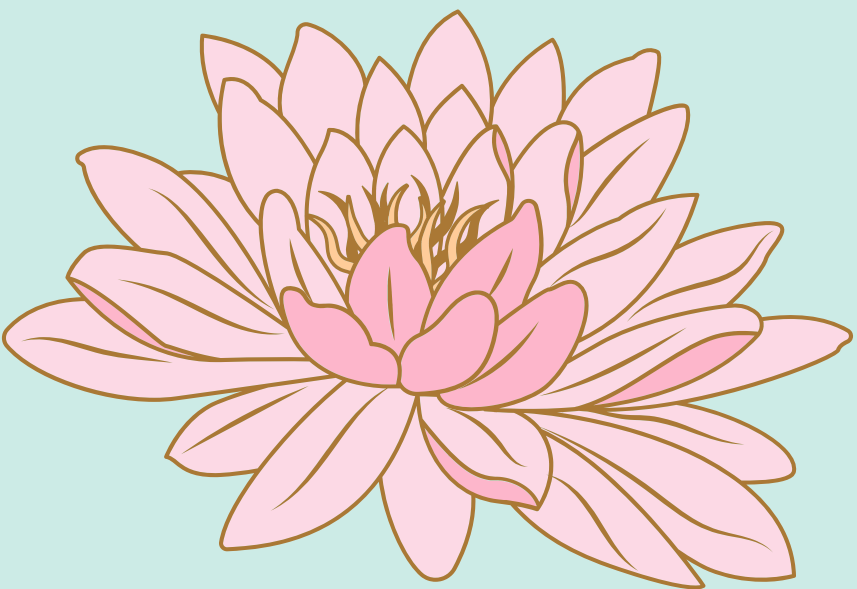
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*When to Call Your  
Doctor: After 20 Weeks*



**It is common to have concerns about what might be a problem during pregnancy. Although most pregnant women don't have any serious problems, it's important to know when to call you doctor when you have certain symptoms.**

**These are general suggestions - your doctor may give you more information about when to call.**





# **Call 911 Anytime You May Need Emergency Care**

**For example, call if...**

**You have severe vaginal bleeding;**

**You have sudden, severe pain in your belly;**

**You passed out/lost consciousness;**

**You have a seizure;**

**You see or feel the umbilical cord;**

**You think you are about to deliver your baby and can't safely make it to the hospital.**



# **Call Your Doctor or Seek Immediate Medical Care**

**You have vaginal bleeding;**

**You have belly pain;**

**You have a fever;**

**You have symptoms of pre-eclampsia, such as: sudden swelling of your face, hands, or feet; new vision problems like dimness, blurring, or seeing spots; a severe headache;**

**You have sudden release of fluid from your vagina (you think your water broke;)**

**You think that you may be in labor - this means you have had 6+ contractions in an hour;**

**You notice that your baby has stopped moving or is moving much less than normal;**

**You have symptoms of a urinary tract infection - these may include: pain or burning when you urinate; a frequent need to urinate without being able to pass much urine; pain in the flank which is just below the ribcage and above the waist on either side of the back; blood in your urine.**



# If You Have Labor Signs at 37 Weeks +

**Your doctor may tell you to call when your labor becomes more active. Symptoms of active labor include:**

**Contractions that are regular;**

**Contractions that are less than 5 minutes apart;**

**Contractions that are hard to talk through**



# **Watch Closely for Changes in Your Health**

**Be sure to contact your doctor if:**

**You have vaginal discharge that smells bad;**

**You have skin changes such as a rash, itching, or yellow color to your skin;**

**You have other concerns about your pregnancy**

**Follow-up care is a key part of your treatment and safety.**

**Be sure to make and go to all appointments, and call your doctor/nurse call line if you are having problems.**

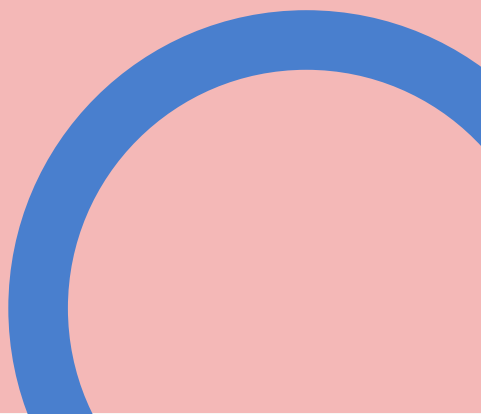




# *STDs and Pregnancy*

# Can Pregnant Women Become Infected with STDs?

Women who are pregnant can become infected with the same sexually-transmitted diseases as women who are not pregnant. Pregnancy does not provide women or their babies any additional protection against STDs. Many STDs are "silent," or have no symptoms, so women may not know they are infected. A pregnant woman should be tested for STDs, including HIV (the virus that causes AIDS,) as a part of her medical care during pregnancy. The results of and STD can be more serious, even life-threatening, for a woman and her baby if the woman becomes infected while pregnant. It is important that women be aware of the harmful effects of STDs and how to protect themselves and their children against infection. Sexual partners of infected women should also be tested and treated.



# **How Do STDs Affect a Pregnant Woman and Her Baby?**

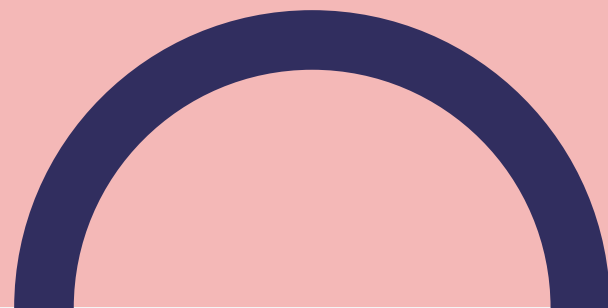
**STDs can complicate pregnancy and may have serious effects on both a woman and her developing baby. Some of these problems may be seen at birth; others may not be discovered until months or years later. In addition, it is well known that infection with an STD can make it easier for a person to get infected with HIV. Most of these problems can be prevented if the mother receives regular medical care during pregnancy. This includes tests for STDs starting early in pregnancy and repeated close to delivery, as needed.**





# Human Immunodeficiency Virus

**Human Immunodeficiency Virus, or HIV, is the virus that causes acquired immune deficiency syndrome, or AIDS. HIV destroys specific blood cells that are crucial to helping the body fight disease. The most common ways that HIV passes from mother to child are during pregnancy, labor and delivery, or through breastfeeding. However, when HIV is diagnosed before or during pregnancy and appropriate steps are taken, the risk of mother-to-child transmission can be lowered to less than 2%. HIV testing is recommended for all pregnant women. A mother who knows early in her pregnancy that she is HIV positive has more time to consult with her healthcare provider and decide on effective ways to protect her health and that of her unborn baby.**



# Syphilis



**Syphilis is primarily a sexually transmitted disease, but may be passed to a baby by an infected mother during pregnancy. Passing syphilis to a developing baby can lead to serious health problems. Syphilis has been linked to premature births, stillbirths, and, in some cases, death shortly after birth. Untreated infants that survive tend to develop problems in multiple organs, including the brain, eyes, ears, heart, skin, teeth, and bones.**



# Hepatitis B

**Hepatitis B is a liver infection caused by the hepatitis B virus (HBV.) A mother can pass the infection to her baby during pregnancy. While the risk of an infected mother passing HBV to her baby varies depending on when she becomes infected, the greatest risk happens when mothers become infected close to the time of delivery. Infected newborns also have a high risk (up to 90%) of becoming chronic (lifelong) HBV carriers themselves. Infants who have a lifelong infection with HBV are at an increased risk of developing chronic liver disease or liver cancer later in life. Approximately one in four infants who develop chronic HBV infection will eventually die from chronic liver disease. Mother-to-child transmission of HBV can be prevented by screening pregnant women for the infection and providing treatment to at risk infants shortly after birth.**

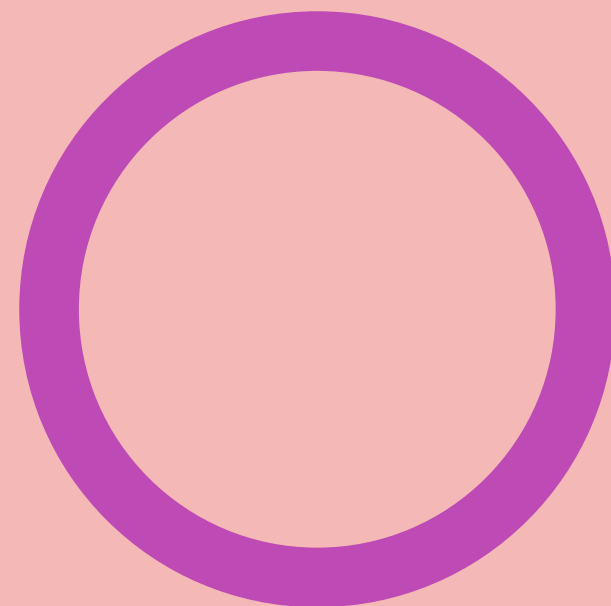
# Hepatitis C

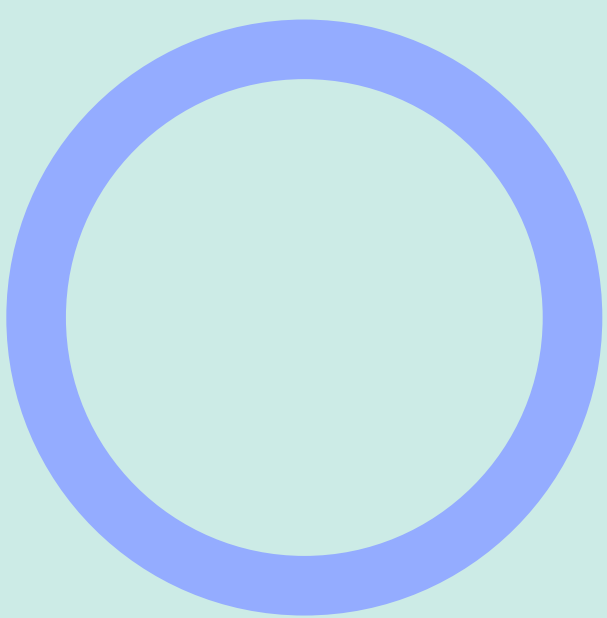
**Hepatitis C is a liver infection caused by the hepatitis C virus (HCV,) and can be passed from an infected mother to her child during pregnancy. However, it should be considered for individuals who have risk factors known to be linked to HCV, including injection drug use. In some studies, infants born to HCV-infected women have been shown to have an increased risk for being small for gestational age, premature, and having a low birth weight. Newborn infants with HCV infection usually do not have symptoms, and a majority will clear the infection without any medical help.**



# Chlamydia

**Chlamydia is the most common sexually transmitted bacterium in the United States. Although the majority of chlamydial infections do not have symptoms, pregnant women may have abnormal vaginal discharge, bleeding after sex, or itching/burning with urination. Untreated chlamydial infection has been linked to problems during pregnancy, including preterm labor, premature rupture of the membranes surrounding the baby in the uterus, and low birth weight. The newborn may also become infected during delivery as the baby passes through the birth canal. Neonatal (newborn) infections lead primarily to eye and lung infections.**





# Gonorrhea

**Gonorrhea is a common STD in the United States. Untreated gonorrhea infection in pregnancy has been linked to miscarriages, premature birth and low birth weight, premature rupture of the membranes surrounding the baby in the uterus, and infection of the fluid that surrounds the baby during pregnancy. Gonorrhea can also infect an infant during delivery as the infant passes through the birth canal. If untreated, infants can develop eye infections. Because gonorrhea can cause problems in both the mother and her baby, it is important to accurately identify the infection, treat with effective antibiotics, and closely follow up to make sure that the infection has been cured.**

# Bacterial Vaginosis

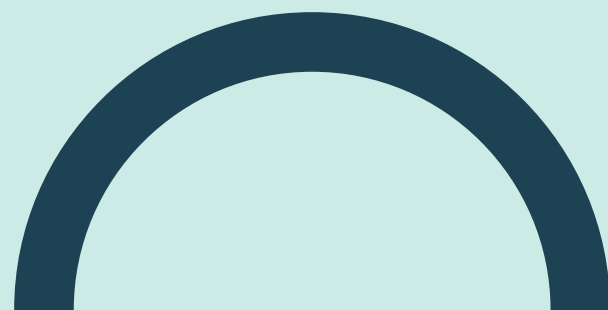


**Bacterial Vaginosis (BV,) a common cause of vaginal discharge in women of childbearing age, is a condition in which the "good" and "bad" bacteria in the vagina are out of balance. BV is often not considered an STD, but it is linked to sexual activity. There may be no symptoms or a woman may complain of a foul-smelling, fishy, vaginal discharge. BV during pregnancy has been linked to serious pregnancy complications, including premature rupture of the membranes surrounding the baby in the uterus, preterm labor, premature birth, infection of the fluid that surrounds the baby, as well as infection of the mother's uterus after delivery.**



# Trichomoniasis

**Vaginal infection due to the parasite *Trichomonas vaginalis* is a very common STD. Symptoms can vary widely among those women infected. Although some women report no symptoms, others complain of itching, foul odor, discharge, and bleeding after sex. Pregnant women are not usually screened for the infection. However, pregnant women with abnormal vaginal discharge should be evaluated for *Trichomonas vaginalis* and treated appropriately. Infection in pregnancy has been linked to premature rupture of the membranes surrounding the baby in the uterus, preterm birth, and low birth weight infants.**



# Herpes Simplex Virus



**Herpes Simplex Virus (HSV) is a virus that has two distinct types, HSV-1 and HSV-2. Infections of the newborn can be either type, but most are caused by HSV-2. Overall, the symptoms of genital herpes are similar in pregnant and non-pregnant women, however, the major concern regarding HSV infection relates to complications linked to infection of the newborn. Although transmission may occur during pregnancy and after delivery, 80-90% of HSV infections in newborns occur when a baby passes through the mother's infected birth canal. HSV infection can have very serious side effects on newborns, especially if the mother's first outbreak occurred late in pregnancy (third trimester.) Women who are infected for the first time in late pregnancy have a high risk of infecting their baby. Cesarean section is recommended for all women in labor with active genital herpes lesions or early symptoms, such as vulvar pain and itching.**

# Human Papillomavirus

**Human papillomavirus (HPV) are viruses that most commonly involve the lower genital tract, including the cervix (opening to the womb,) vagina, and external genitalia. Genital warts are symptoms of HPV infection that can be seen, and they frequently increase in number and size during pregnancy. Genital warts often appear as small cauliflower-like clusters which may burn or itch. If a woman has genital warts during pregnancy, treatment may be delayed until after delivery. Infection of the mother may be linked to the development of laryngeal papillomatosis in the newborn. This is a rare growth in the larynx (voice box) that is not cancer.**



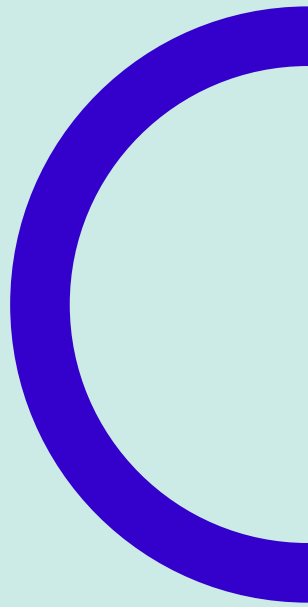
# Can STDs Be Treated During Pregnancy?

**STDs such as chlamydia, gonorrhea, syphilis, trichomoniasis, and BV can all be treated and cured with antibiotics that are safe to take during pregnancy. STDs that are caused by viruses, like genital herpes, hepatitis B, hepatitis C, or HIV cannot be cured. However, in some cases these infections can be treated with antiviral medications or other preventive measures to reduce the risk of passing the infection to the baby. If a woman is pregnant or considering pregnancy she should be tested so she can take the steps to protect herself and her baby.**



# **How Can Pregnant Women Protect Themselves Against Infection?**

**Latex male condoms, when used consistently and correctly, can reduce the risk of getting or giving STDs and HIV. The surest way to avoid STDs and HIV is to abstain from vaginal, anal, and oral sex or to be in a long term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.**

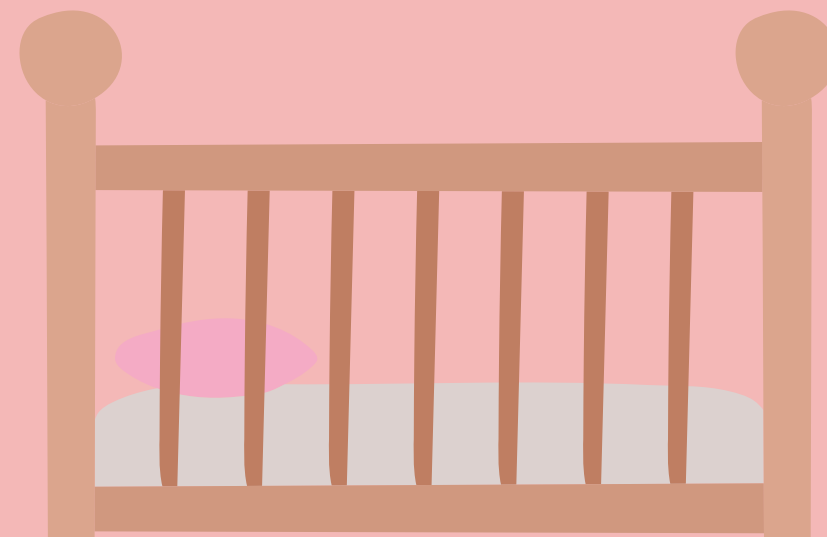




Before You Arrive at  
Labor & Delivery



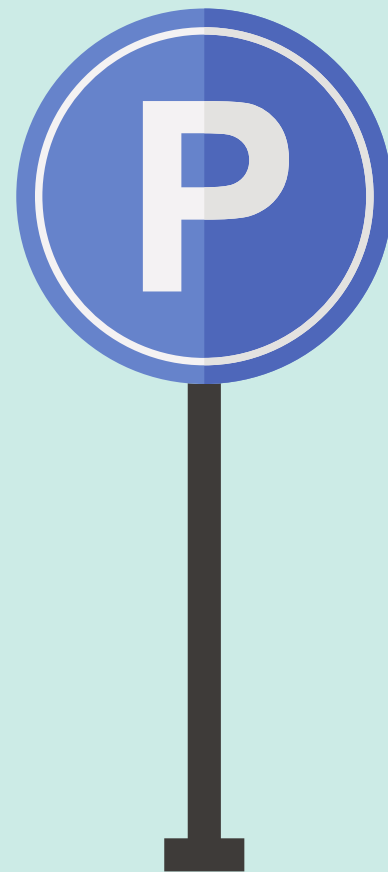
**Before you arrive at Erlanger, located at:  
975 East Third Street  
Chattanooga, TN 37403,  
please read the following slides for information you will need to know upon arriving  
to the Labor & Delivery Unit.  
\*If you would like to schedule a tour, please call 423-778-7956**





# Parking:

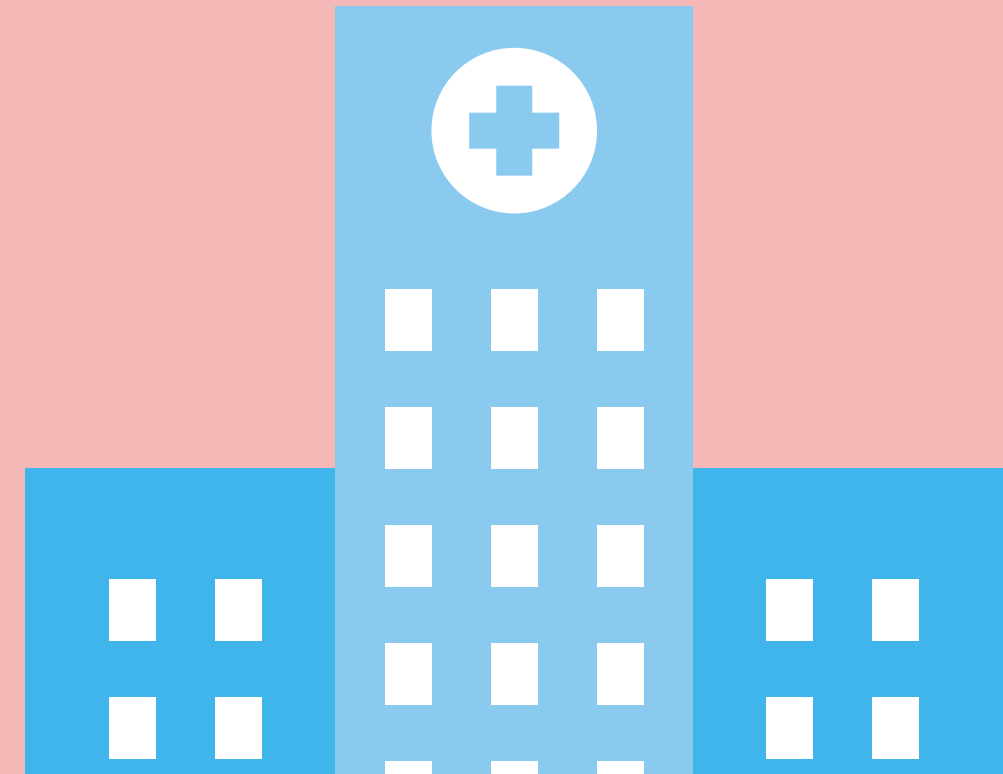
**Erlanger will have a drop-off dedicated to Women's Services. It is located on Hampton Street between the hospital and the Hamilton County Health Department. You may park there to be checked in and shown to your room. After you are admitted, please have your family/friend park your vehicle in the main garage. All parking is \$1.00 in the main garage, or you may park in the Health Department Garage for \$10.00.**



# Location:

**Labor & Delivery is located on the 5th floor of Erlanger Baroness hospital. You will want to take elevator E to get to the unit. Once you arrive to the 5th floor, sign in at the OB Emergency desk. They will get you checked in.**

**Labor & Delivery is located at Elevator E 5th floor**



# Visitors:

**When you are admitted to the Labor & Delivery unit, your visitors will be given visitors stickers. These must be worn at ALL times in the Labor & Delivery unit. Due to patient and infant safety, only four visitors are allowed at a time. There cannot be guests standing in the hallways. Erlanger will politely ask any guests in the hallway to please wait in the waiting room. Please understand that this is for the safety of the babies and privacy of the mothers.**



# Photography:

**Erlanger welcomes your family/friends to take pictures of you and your baby. Pictures of the actual birth of the baby are against hospital policy. Once the baby is delivered, please feel free to take as many pictures as you want. Erlanger staff will also help you take pictures of the whole family if you would like.**



A stylized illustration of a tree branch with several leaves. The leaves are in shades of muted red, beige, and teal. The branch is a simple brown line. The background is split into three sections: a light beige section on the left, a teal section on the right, and a white section at the top left.

*Breastfeeding*



**Breast milk is recommended for new born babies. This milk is very nutritious and is easy to digest. Breast milk contains plenty of health benefits; these benefits apply to both the baby and the mother. The following slides will explain some benefits linked to breastfeeding.**



# Nutritious for New Born Babies

All experts agree that new born babies should be breastfed for at least six months. Afterwards, the baby can be introduced to different kinds of meals. Breast milk contains different kinds of nutrients that will help the baby grow healthy. All new born babies should take the right proportions of nutrients during the first six months. New mothers produce thick and yellow fluid, normally called colostrum. It contains high amounts of protein and other compounds that are beneficial for the baby. Colostrum is recommended for the baby's immature digestive tract. Babies who take breast milk for the first six months tend to grow healthy.





# Breast Milk has Important Antibodies

Breast milk contains different kinds of antibodies. These antibodies are responsible for helping the baby fight off bacteria and viruses. Colostrum contains most of these antibodies. The mother's body also produces antibodies when exposed to bacteria and viruses. This helps keep the mother in good shape while breastfeeding. Generally, the antibodies found in colostrum play two functions: it forms a protective layer on the digestive system, throat, and the baby's nose; and it helps fight different bacteria. The antibodies in breast milk prevent the mother from transmitting different kinds of conditions. Milk formula doesn't contain the antibodies found in breast milk.



# **It Reduces the Risks of Different Diseases**

**Breastfeeding is known for reducing possibility of the baby contracting some illnesses and diseases, as follows breast milk can prevent:**

**It can reduce the risk of respiratory tract infections.**

**Babies under six months who breastfeed are less likely to suffer from serious colds and throat infection.**

**Severe ear infections**

**It reduces the risk of gut infections.**

**Allergic conditions**

**Intestinal tissue damage**

**Celiac disease**

**Sudden infant death syndrome (SIDS)**

**Diabetes**

**Inflammatory bowel condition**

**Child leukemia**



# **It Helps the Infant Attain Healthy Weight**

**New born babies should grow the right way. Breastfeeding can help your child gain weight the healthy way; this helps prevent obesity. Obesity in infants is dangerous because it increases the risks of some medical conditions. Some formula fed meals are known to cause obesity. Breastfeeding reduces the possibility of your infant becoming obese in the future. Breast milk contains high levels of gut bacteria. Gut bacteria is known to reduce fat storage in the body. Breast milk also contains leptin; leptin is the hormone responsible for fat storage and appetite.**



# **It has Been Linked to Making Infants Smarter**

**Studies have proven that there is a link between breast milk and infants being smart. Breast milk can make a baby smarter when compared to formula milk. This is in terms of intelligence; breast milk also reduces the possibility of behavioral and learning problems. Breastfeeding can stimulate proper brain development of the child.**



# A Breastfeeding Mother can Shed Off Pounds

A significant amount of women gain weight during pregnancy and after they give birth. Breastfeeding can help some women lose a significant amount of weight. The hormonal balance of breastfeeding mothers is very different. The hormonal changes in the body increase the appetite of mothers. Their body also stores a lot of fat that is used in milk production. Breastfeeding mothers are more likely to lose weight the first months after giving birth. The fat burning process for breastfeeding mothers is likely to increase after three months. This is the reason they lose more weight when compared to those who don't breastfeed. Exercise and diet routines also influence the amount of pounds lactating mothers lose.



# It Helps with Uterus Contraction

The uterus grows in size during pregnancy. This helps accommodate the fetus growth throughout the nine months of pregnancy. The uterus should return to its original size after birth. This process is called involution; the oxytocin hormone helps this process. This hormone also helps in baby delivery, and reduces bleeding during delivery. High amounts of oxytocin are produced when breastfeeding; this aids in the contraction of the uterus and reduces bleeding. Women who breastfeed their infants are more likely to attain uterus contraction faster when compared to those who don't breastfeed.





# Breastfeeding Reduces the Risk of Depression

There are numerous situations where mothers experience postpartum depression after giving birth. Postpartum is a very common depression. Studies and practices have shown that breastfeeding reduces the risk of postpartum depression. Mothers who don't breastfeed are at a high risk of postpartum depression. Some women may experience depression immediately after delivery, and this can make them have difficulty breastfeeding their newborn. Breastfeeding is also linked to hormonal changes with the aim of promoting bonding and care-giving. Oxytocin is one of the hormones that increases; this hormone has anti-anxiety effects and helps breastfeeding mothers relax.



# Breastfeeding Reduces the Risks of Diseases

**Breastfeeding mothers are at a low risk of developing different kinds of diseases. Cancer is one of these conditions. The time a mother spends breastfeeding her child reduces the risks of ovarian and breast cancer. Studies also reveal that breastfeeding reduces the risk of metabolic syndrome, which is linked to different kinds of health concerns such as heart conditions.**





# Breastfeeding Helps Prevent Menstruation

**Continuous breastfeeding pauses menstruation and ovulation. This is normal as it creates space between pregnancies. Some ladies use this birth control mechanism a few months after giving birth, however, it cannot be relied upon for a long period.**



# Breastfeeding is Cost Effective

**Unlike milk formula, breast milk is natural. This means you don't have to spend any amount to feed your infant. Breast milk is already the right temperature for your child, and there is no limit on the amount of breast milk you should give them. Furthermore, breastfeeding can be carried out anywhere.**



# Bottom Line on Breastfeeding

**Breastfeeding contains plenty of benefits, to both the baby and the mother. Milk formula is another option if you are unable to breastfeed.**





# Breastfeeding FAQs

**As per The American College of Obstetricians and Gynecologists**

# How does breastfeeding my baby benefit me?

**Breastfeeding is good for you for the following reasons:**

**Breastfeeding burns as many as 500 extra calories each day, which may make it easier to lose the weight you gained during pregnancy.**

**Women who breastfeed longer have lower rates of type 2 diabetes, high blood pressure, and heart disease.**

**Women who breastfeed have lower rates of breast cancer and ovarian cancer.**

**Breastfeeding releases oxytocin, a hormone that causes the uterus to contract. This helps the uterus return to its normal size more quickly and may decrease the amount of bleeding you have after giving birth.**



# **How does breastfeeding benefit my baby?**

**Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development. As your baby grows, your breast milk changes to adapt to the baby's changing nutritional needs.**

**Breast milk is easier to digest than formula.**

**Breast milk contains antibodies that protect infants from ear infections, diarrhea, respiratory illnesses, and allergies.**

**Breastfed infants have a lower risk of Sudden Infant Death Syndrome. Any amount of breastfeeding appears to help lower this risk.**

**If your baby is born preterm, breast milk can help reduce the risk of many of the short-term and long-term health problems that preterm babies face, such as necrotizing enterocolitis or other infections.**

# How long should I breastfeed my baby?

**It is recommended that babies exclusively breastfeed for the first six months of life. Exclusive breastfeeding means to feed your baby only breast milk and no other foods or liquids unless advised by the baby's doctor. Breastfeeding should continue as new foods are introduced through the baby's first year. You can keep breastfeeding after the first year as long as you and your baby want to continue. You can use a breast pump to express milk at work to provide milk for your baby when you are separated. This also helps to keep up your supply while you are away from your baby.**



# When can I begin breastfeeding?

**Most healthy newborns are ready to breastfeed within the first hour after birth. Hold your baby directly against your bare skin (called "skin-to-skin" contact) right after birth. Placing your baby against your skin right after birth triggers reflexes that help your baby to attach or "latch on" to your breast.**





# How do I know my baby is hungry?

**When babies are hungry, they will nuzzle against your breast, suck on their hands, flex their fingers and arms, and clench their fists. Crying is usually a late sign of hunger. When babies are full, they relax their arms, legs, and hands and close their eyes.**



# How do I know my baby is getting enough milk?

**Your baby's stomach is very small, and breast milk empties from a baby's stomach faster than formula. For these reasons, you will typically breastfeed at least 8-12 times in 24 hours during the first weeks of your baby's life. If it has been more than 4 hours since the last feeding, you may need to wake up your baby to feed. Each nursing session typically lasts 10-45 minutes. Once your breast milk transitions from colostrum to mature milk, your baby will soak at least six diapers a day with urine and have at least three bowel movements a day. After 10 days, your baby will be back up to birth weight. Although breastfeeding works for most women, it may not work for everyone.**



# **Who can help me with breastfeeding?**

**Peer counselors, such as those found with La Leche League and Women, Infants and Children (WIC), are women who have experienced breastfeeding and can help with nonmedical breastfeeding questions and support. Check with your obstetrician-gynecologist or other healthcare provider about resources available in your area.**

**Certified lactation counselors can teach you what you need to know to get started with breastfeeding, and international board-certified lactation consultants can help you navigate problems many women face while breastfeeding.**

**Hospital nurses can help you find a comfortable position for nursing in the days after delivery.**

**Your infant's pediatric care provider can help answer questions about infant nutrition and infant weight gain.**

**Obstetrician-Gynecologists and other obstetric care providers can discuss breastfeeding with you during pregnancy and can help you plan for a successful start to breastfeeding. They can also help in the hospital, at your postpartum visit, and beyond.**

# Resources For Patients

**American College of Obstetricians and Gynecologists**  
**<http://www.acog.org/breastfeeding>**

**La Leche League International**  
**<http://www.llli.org>**

**American Academy of Pediatrics**  
**<http://www.aap.org>**

**American College of Nurse-Midwives**  
**<http://www.midwife.org/Share-With-Women>**

**American Academy of Family Physicians**  
**<http://www.familydoctor.org>**

**Office on Women's Health,  
U.S. Department of Health and Human Services**  
**<http://www.womenshealth.gov/breastfeeding/>**

**Women, Infants, and Children -United States Department of  
Agriculture, Food, and Nutrition Services**  
**<http://lovingsupport.fns.usda.gov/>**

**International Lactation Consultant Association**  
**<http://www.ilca.org/>**

**MotherToBaby**  
**866-626-6847**  
**<http://mothertobaby.org>**



A stylized illustration of a tree branch with several leaves. The leaves are in shades of muted red, beige, and teal. The branch is a simple brown line. The background is split into three vertical sections: a light beige section on the left, a teal section in the middle, and a light teal section on the right. A horizontal teal bar is at the top left.

# Baby Safety

# **Creating Safe Spaces for Baby**

**Make sure the crib was manufactured after June 28, 2011, and remember: a bare crib is your baby's best sleeping area.**

**Always keep baby monitors and cords at least three feet away from the crib to reduce the chance that the baby can get the cord caught around their neck and strangle.**

**Use the restraint strap on high chairs to prevent your child from slipping through and strangling on the high chair tray.**

**Play yards/play pens made after February 28, 2013 are made to a stronger standard. But, to prevent your baby from becoming entrapped and suffocating, never add: additional mattresses, pillows, cushions, or quilts.**

**Sign up to receive recalls at [www.cpsc.gov](http://www.cpsc.gov) to know if any of your baby products have been recalled.**

# **Safe Sleep Practices**

**Did you know, every year, many Tennessee babies die from sleep-related causes? Most of these deaths are preventable.**

**The following guidelines are recommended by the American Academy of Pediatrics to prevent sleep-related deaths:**

**Always place babies on their backs to sleep at night and at nap-time. Babies who sleep on their backs are less likely to die of Sudden Infant Death Syndrome.**

**Babies should always sleep in a crib. The safest place for a baby is in the same room as the parent(s) but alone in a separate sleep area.**

**Keep loose objects, soft toys, and bedding out of the baby's sleep area. Do not use pillows and blankets in a baby's sleeping area. A baby should sleep in a crib with only a tight, fitted sheet.**



# Safe Sleep Practices Continued

**Avoid letting your baby overheat during the night. A baby should be dressed lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.**

**Do not use crib bumpers. These do not reduce injuries and can cause suffocation.**

**Avoid smoking; both maternal smoking during pregnancy and secondhand smoke after birth should be avoided.**

**Breastfeeding is recommended for at least the first six months of life. Breastfeeding is associated with a reduced risk of SIDS.**

**Remember the ABCs of safe sleep:  
Babies should sleep *Alone*, on their *Back*, in a *Crib*!**





The background features a stylized plant with brown branches and leaves in shades of beige, light brown, and teal. A solid teal horizontal bar is positioned in the upper left corner. The right half of the image has a solid teal background.

# *Sleep Safety and SIDS*

**As per the American Academy of Pediatrics**

# **Safe Sleep Practices**

**Face up to wake up - healthy babies sleep safest on their backs. Always place babies to sleep on their backs during naps and at nighttime. Because babies are more likely to accidentally roll onto their stomach, the side position is just as dangerous as the stomach position.**

**Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. Dress the baby lightly for sleep and set the room temperature in a range that is comfortable for a lightly clothed adult.**

**Do not place pillows, quilts, toys, or anything in the crib. Consider using a pacifier at nap time and bed time; the pacifier should not have cords or clips that may be a strangulation risk.**

# Safe Sleep Environment

**Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. For more about crib safety standards, visit the Consumer Product Safety Commission's website at <http://www.cspc.gov>.**

**Place the crib in an area that is always smoke free.**

**Don't place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.**

**Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. Loose bedding, such as sheets and blankets, should not be used as these items can impair the infant's ability to breathe if they are close to their face. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives.**

# Is it Ever Safe to Have Babies on Their Tummies?

**Yes! You should talk to your child care provider about making tummy time a part of your baby's daily activities. Your baby needs plenty of tummy time while supervised and awake to help build strong neck and shoulder muscles. Remember to make sure that your baby is having tummy time at home with you.**



# Tummy to Play and Back to Sleep

**Place babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.**

**"Tummy time" is playtime when infants are awake and placed on their tummies while someone is watching them. Have tummy time to allow babies to develop normally.**



# **What Can I Do to Help Spread the Word About Back to Sleep?**

**Be aware of safe sleep practices and how they can be made a part of our everyday lives.**

**When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs that way.**

**Monitor the media. When you see an ad or a picture in the paper that shows a baby sleeping on their tummy, write a letter to the editor.**

**If you know teenagers who take care of babies, talk with them. They may need help with following the proper safe sleep practices.**

**Set a good example- realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep.**

# Resources

**American Academy of Pediatrics**

**<http://www.aappolicy.org>**

**<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;128/5/e1341.pdf>**

**Healthy Child Care America**

**<http://www.healthychildcare.org>**

**National Resource Center for Health and Safety in Child Care and Early Education**

**<http://nrc.uchsc.edu>**

**Healthy Kids, Healthy Care: A Parent Friendly Tool on Health and Safety Issues in Child Care**

**<http://www.healthykids.us>**

**National Institute for Child and Human Development Back to Sleep Campaign**

**<http://www.nichd.nih.gov/sids/sids.cfm>**

# Resources Continued

**First Candle/SIDS Alliance**

**<http://www.firstcandle.org>**

**Association of SIDS and Infant Mortality Programs**

**<http://www.asip1.org>**

**CJ Foundation for SIDS**

**<http://www.cjsids.com>**

**National SIDS and Infant Death Resource Center**

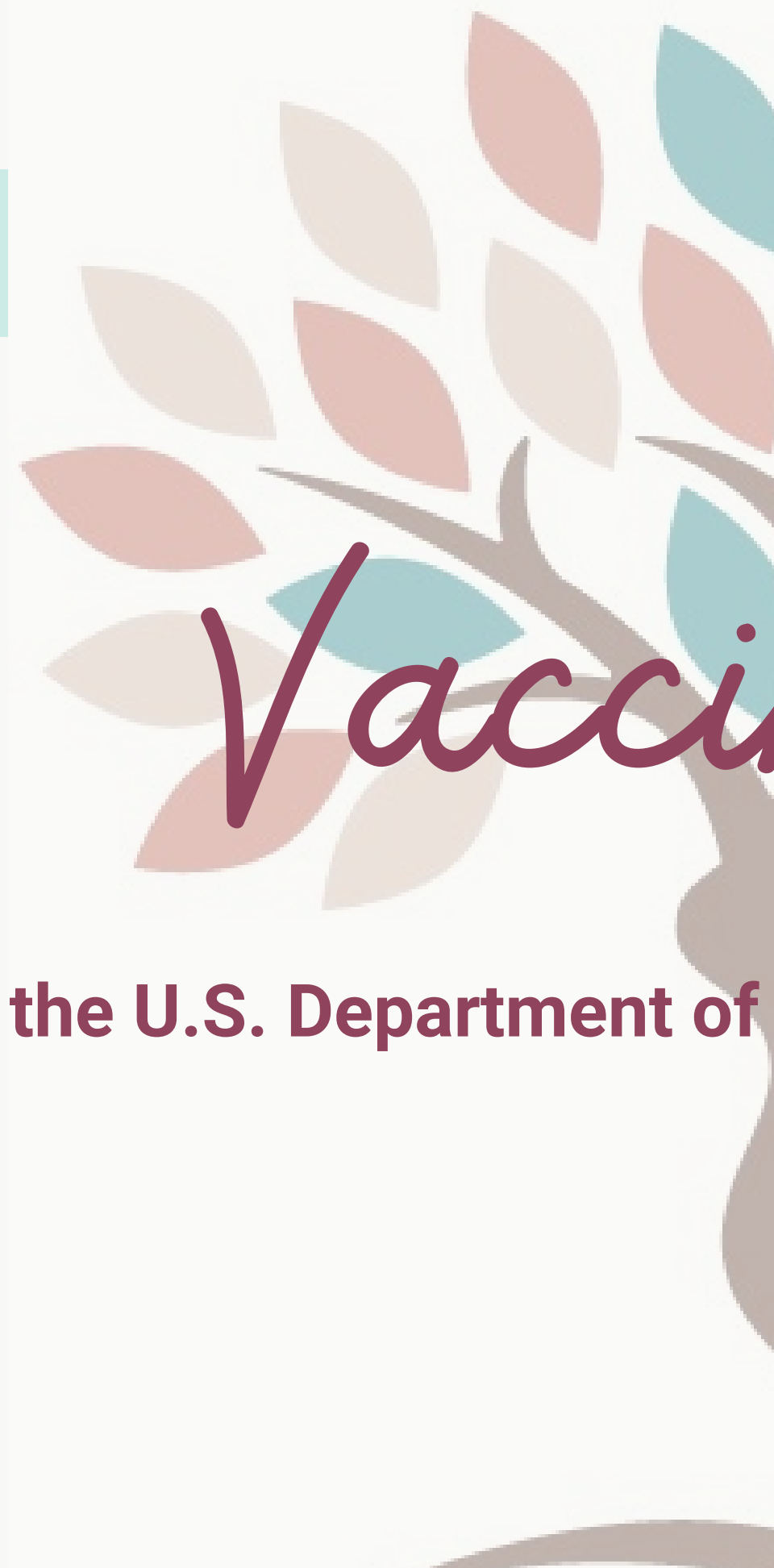
**<http://www.sidscenter.org/>**

**The Juvenile Products Manufacturers Association**

**<http://www.jpma.org/>**







# *Vaccinations*

**As per the U.S. Department of Health and Human Services CDC**

# **Tdap (Tetanus, Diphtheria, Pertussis) Vaccine**

**Why get vaccinated?**

**Tdap vaccine can prevent tetanus, diphtheria, and pertussis. Diphtheria and pertussis spread from person to person; tetanus enters the body through cuts or wounds.**

**Tetanus causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.**

**Diphtheria can lead to difficulty breathing, heart failure, paralysis, or death.**

**Pertussis, also known as "whooping cough," can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.**

# **Tdap Vaccine Continued**

**Tdap is only for children 7 years and older, adolescents, and adults.**

**Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years.**

**Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.**

**Adults who have never received Tdap should get a dose of Tdap. Also, adults should receive a booster shot every 10 years, or earlier in the case of a severe and dirty wound or burn. Booster doses can be either Tdap or Td (a different vaccine that protects against tetanus and diphtheria but not pertussis.)**

**Tdap may be given at the same time as other vaccines.**

# **Tdap Vaccine Continued**

**Tell your vaccine provider if the person getting the vaccine:**

- Has had an allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis, or has any severe, life-threatening allergies.**
- Has had a coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap.)**
- Has seizures or another nervous system problem.**
- Has ever had Guillain-Barre Syndrome (also called GBS.)**
- Has had severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria.**

**In some cases, your health care provider may decide to postpone Tdap vaccination to a future visit.**

**People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Tdap vaccine.**

# Risks of a Tdap Vaccine Reaction

**Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccine.**

**People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in your ears.**

**As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.**



# **Influenza (Flu) Vaccine (Inactivated or Recombinant)**

**Why get vaccinated? Influenza vaccine can prevent influenza (flu.)**

**Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.**

**Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications.**

**Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.**



# **Influenza (Flu) Vaccine Continued**

**Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.**

**CDC recommends everyone 6 months of age and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else only needs 1 dose each flu season.**

**It takes about 2 weeks for protection to develop after vaccination.**

**There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.**

**Influenza vaccine does not cause flu.**

# **Influenza (Flu) Vaccine Continued**

**Influenza vaccine may be given at the same time as other vaccines.**

**Tell your vaccine provider if the person getting the vaccine:**

**Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies.**

**Has ever had Guillain-Barre Syndrome (also called GBS).**

**In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.**

**People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.**

**Your health care provider can give you more information.**





# **Risks of Influenza (Flu) Vaccine Reaction**

**Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.**

**There may be a very small increased risk of Guillain-Barre Syndrome (GBS) after inactivated influenza vaccine (the flu shot).**

**Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your provider if a child who is getting flu vaccine has ever had a seizure.**

**People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.**

**As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.**

# **What if There is a Serious Problem? (All Vaccines)**

**An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.**

**For other signs that concern you, call your healthcare provider.**

**Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.***

# The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.



# How Can I Learn More?

**Ask your health care provider.**

**Call your local or state health department.**

**Contact the Centers for Disease Control and Prevention (CDC):**

- Call 1-800-232-4636 (1-800-CDC-INFO) or**
- Visit CDC's [www.cdc.gov/flu](https://www.cdc.gov/flu)**

